

AMI Services, Inc.  
168 Hopper Avenue  
Waldwick, NJ 07463  
201 447-6750



# Work Order Invoice 46401

Date: 12/22/21

Bill to:  CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Job Address:  Orangeburg USARC 123 Route 303 Orangeburg NY 10962
--	---

Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	15550// CSS 33639		T	1
Remarks: Orangeburg USARC WO# 57286					

## Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check overhead gas heaters on OMS main shop floor as specified on our work order report dated November 30th, December 3rd and December 10th.

## Labor & Equipment Used

Week ending 12/04/21	Sun 11/28	Mon 11/29	Tues 11/30	Wed 12/1	Thur 12/2	Fri 12/3	Sat 12/4	Total Hours	Rate	Extension
R-David J. Hinnrichs			1.50					1.50	150.00	225.00
R-Nicholas R. DoMoe						1.00		1.00	150.00	150.00
Week ending 12/11/21	Sun 12/5	Mon 12/6	Tues 12/7	Wed 12/8	Thur 12/9	Fri 12/10	Sat 12/11	Total Hours	Rate	Extension
R-Kenneth E. Patrick						2.50		2.50	150.00	375.00

## Material Used

Quantity	Description	Unit of Measure	Unit Price	Extension
1.00	THERM MRCRY FRE 30-24 DEG		140.63	140.63

## Other Costs

Description	Extension
Trip Charge	50.00
Trip Charge	50.00
Trip Charge	50.00

Invoice Totals:	Labor	Material	Other
	750.00	140.63	150.00

Subtotal: 1,040.63  
Sales Tax: 87.15

Invoice Total: 1,127.78



Work Order  
No: 57286

Armistead Mechanical Inc. Services  
168 Hopper Avenue, Waldwick NJ 07463

Date: 12/10/2021  
Status: Schedule

<b>Service To:</b> Orangeburg USARC	<b>Contact:</b>
<b>Address:</b> 123 Route 303 Orangeburg NY 10962	<b>Phone:</b>

#### Work Summary

OVERHEAD GAS HEATERS ON OMS MAIN SHOP FLOOR NOT WORKING. BELOW FREEZING TEMPERATURES ARE OCCURING OVERNIGHT AT THIS LOCATION

#### Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
----	-------------	------	------	-------	---------------	----------	----------------

#### Labor

Date	Technician	Hours
11/30/2021	20014 (David J. Hinrichs)	1.50
12/3/2021	20043 (Nicholas R. DoMoe)	1.00
12/10/2021	20074 (Kenneth E. Patrick)	2.50

#### Parts

Description	Quantity
-------------	----------

#### Notes

Topic	Note
WORK ORDER NOTES	11/30. No heat in OMS shop. Gas water heaters in E.003 alarm. No gas no ignition. Found gas meter locked out sent photos. 12/3. ND. Stopped at site to start. Verified gas meter is still locked. Dave sent pictures to joe. 12/10/21 KP checked equipment to make sure air was purged out of the gas lines. Filters on all units need replaced or cleaned . The split system for the office was having trouble starting the inducer was not opening the pressure switch

<b>Customer Signature</b>		<b>Signed By</b>		<b>Date</b>	
---------------------------	--	------------------	--	-------------	--

**CERTIFICATION OF WORK**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Orangeburg Date of Visit: 12/10/21

Contractor Personnel on Site:

- |                           |                   |          |
|---------------------------|-------------------|----------|
| 1. <u>David Hinnrichs</u> | <u>Armistead.</u> | 4. _____ |
| 2. _____                  |                   | 5. _____ |
| 3. _____                  |                   | 6. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls** – Service Call Number and Description

1. No heat. Gas meter locked out. 12/10. Meter unlocked. OMS shop radiant  
working. Water heaters reset working. MUA unit electric off. Filters plugged.
2. Needs to be addressed.
3. \_\_\_\_\_

**Over and Above Repair Work – Order Number and Description of Work Completed**

\_\_\_\_\_ Verbal approval by joe. \_\_\_\_\_  
\_\_\_\_\_ CSS33639 WO15550 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 12/10/2021

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_